

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Just arrived
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME George F. Amsinger

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Amsinger nee Schmidt 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 13, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 0 hr. min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Cutter

11. Industry or business

12. Name George Amsinger
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Vierling
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian Amsinger
(b) Address 1446a Gano Ave

17. (a) Burial (b) Date thereof 2/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 18 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1446a Gano Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 13th
year 1943 hour 3:30 PM minute M.

21. I hereby certify that I attended the deceased from Feb 8
1942 to Feb 13, 1943
that I last saw him alive on Feb 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.

Acute Myocarditis 7 days
Due to Chronic Spontaneous Coronary Thrombosis

Due to Acute Bronchitis, 2 weeks

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Macdonald (M. D. or other)
Address 589 N. Grand Date signed 2-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

William G. Buckholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.